



SCREENING & SUBMITTAL CHECKLIST

Single Family Add & Alt INDEX 7

Applicant Services Center
700 Fifth Avenue, Suite 2000
P. O. Box 34019

Seattle, WA 98124-4019

Phone: (206) 684-8850

Hours: M/W/F, 7:30am-5:30pm; T/Th, 10:30am-5:30pm

Project Number: _____ MT Number _____ Date: _____

Project/Site Address: _____

Applicant Name: _____

☐ CAM 106 General Standards ☐ Other CAMs: _____

LU Screener (please initial) _____ OS Screener (please initial: _____

THIS CHECKLIST HAS BEEN PROVIDED TO ASSIST THE APPLICANT IN PREPARING A COMPLETE APPLICATION. COMPLETE APPLICATIONS CAN BE PROCESSED AND REVIEWED MORE EFFICIENTLY. PLEASE READ AND SIGN THE STATEMENT BELOW.

I verify that I am submitting all of the required submittals indicated, as appropriate to this project, on this checklist and I acknowledge that failure to submit all of these requirements may result in my application not being accepted and/or may extend the length of time needed to review the project.

Applicant Signature: _____ Date: _____

~ PLEASE REFER TO THE STANDARDS FOR FURTHER CLARIFICATION ~

LAND USE CONSIDERATIONS:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Using sloping lot height bonus	<input type="checkbox"/>	<input type="checkbox"/>	Project in Historical Review District or
<input type="checkbox"/>	<input type="checkbox"/>	Using front yard averaging			is a Historical Landmark
<input type="checkbox"/>	<input type="checkbox"/>	MUP/LBA/Short Plat Number (if any)	<input type="checkbox"/>	<input type="checkbox"/>	Existing non-conformities (survey req'd)
		# _____			

CONSTRUCTION CONSIDERATIONS:

<input type="checkbox"/>	<input type="checkbox"/>	Height/Area/Type of Construction covered	<input type="checkbox"/>	<input type="checkbox"/>	Deep excavation at property line
<input type="checkbox"/>	<input type="checkbox"/>	Demolition is required	<input type="checkbox"/>	<input type="checkbox"/>	Tenant Relocation is required

OTHER CONSIDERATIONS:

<input type="checkbox"/>	<input type="checkbox"/>	Application meets CAM 106	<input type="checkbox"/>	<input type="checkbox"/>	In Shoreline – see Index 15
<input type="checkbox"/>	<input type="checkbox"/>	In ECA – see Index 13	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater, Grading & Drainage – see Index 14

TYPE OF PLANS TO BE SUBMITTED:

Req	Prov		Req	Prov	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coversheet for each set of plans	<input type="checkbox"/>	<input type="checkbox"/>	Licensed Topographic Survey with 2'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Architectural/Structural Notes			contours (if within 2' of height limit or
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Land Use Notes			using sloping lot height bonus)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plot/Site Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foundation Plan(s) (if structural changes)
<input type="checkbox"/>	<input type="checkbox"/>	DPD Standard Construction Stormwater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Plan(s)
		Control Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elevations
<input type="checkbox"/>	<input type="checkbox"/>	Licensed Survey (to document non-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Framing Plan(s) (if structural changes)
		conformities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Building cross sections
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Construction details

ADDITIONAL SUBMITTALS:**Req Prov**

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Financial Responsibility Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contact Disclosure Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Agent's Letter of Authorization from owner |
| <input type="checkbox"/> | <input type="checkbox"/> | Pre-application Site Visit Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment Sizing Worksheet |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Target UA or System Analysis if not using Prescriptive |
| <input type="checkbox"/> | <input type="checkbox"/> | Beam calculations |

Req Prov

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Lateral calculations - Note: see page 2 |
| | | General Requirements of the Standards |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction Agreement or Temporary Shoring |
| <input type="checkbox"/> | <input type="checkbox"/> | Side Yard Easement |
| <input type="checkbox"/> | <input type="checkbox"/> | Accessory Structure Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

NUMBER OF PLANS REQUIRED:

- | | | |
|-------------------------------------|--------------------------|--------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2 sets |
|-------------------------------------|--------------------------|--------|

Comments: